# 04-40195

## UNITED STATES DISTRICT COURT TO THE ED

DISTRICT	OF MASSACH	USETTS Performance Of FICE
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JOAN L. SMITH,	<u> </u>	
PLAINTIFF	)	CIVIL COMPRAINT AND
	)	DEMAND FOR JURY TRIAL
V.	)	RECEIPT # 404411
	)	AMOUNT \$ 50.00
<b>UNUM LIFE INSURANCE COMPAI</b>	NY)	SUMMONS ISSUED
OF AMERICA,	j	LOCAL RULE 4.1
DEFENDANT	Ś	WAIVER FORM.
2 22 22 32 32 3 3 3	/	MCF ISSUED
I	. THE PARTIES	BY DPTY. CLK.
<u>1</u>	. IIILI AKIILS	DATE 4-2-HOT

- 1. The Plaintiff, Joan L. Smith (hereinafter referred to as "Smith") is an individual with a residence of 16 Bashaw Road, Sutton, Worcester County, Massachusetts.
- 2. The Defendant, Unum Life Insurance Company of America, also known as Unum Provident (hereinafter referred to as "Unum") is an insurance carrier with the servicing of disability policies at P.O. Box 9500, Portland, Maine.

#### II. JURISDICTION

3. Jurisdiction is conveyed upon the Federal District Court by virtue of the disability policy that is in dispute which was being provided by the former employer of the Plaintiff, Smith, Saint Vincent Health Care Systems, Inc. and under the ERISA, all actions concerning disputes for disability policies provided by an employer must be litigated in the United States District Court.

#### III. THE DISPUTE

- 4. The Plaintiff, Smith, was provided by her employer a policy of disability insurance with the Defendant, Unum. The Policy number issued to Smith is 542338 and the claim number is 0098956611.
- 5. The dispute between the parties concerns the payment of long term disability benefits under said policy.
- 6. The Plaintiff, Smith, has received disability payment benefits since approximately July 10, 2001. On May 28, 2004, Smith was notified that her final administrative review had been completed by Defendant, Unum, and that no further payments would be made. A copy of same is attached here to as Exhibit "A".



- 7. The Defendant, Unum, wrote to the Plaintiff on July 30, 2003 stating that, "you are disabled when Unum determines that: you are limited in performing the material and substantial duties of your regular occupation due to your sickness and injury; and you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury. After 24 months of payments, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience. Material and substantial duties means duties that are normally required for the performance of your regular occupation; and that cannot be reasonably omitted or modified. Regular occupation means the occupation you are routinely performing when your disability begins. Unum will look at your occupation as it is normally performed in the national economy, instead of how the work tasks are performed in the national economy instead of the work tasks are performed for a specific employer or at a specific location." Said correspondence is attached hereto as Exhibit "B". Unum concluded that based on the policy definition of disability, Smith was no longer eligible for benefits.
- 8. The Plaintiff, Smith, has had a spinal fusion operation and it is believed that she is totally disabled pursuant to the definition set forth in her policy of disability. The Plaintiff previously worked as a Registered Nurse and is unable to perform any work of that nature.
- 9. The Defendant, Unum, gave the opinion in their letter of July 30, 2003, that the Plaintiff could engage in the following occupations: 1) Insurance Case Manager; Field Nurse Case Manager; Ask-A-Nurse; Discharge Planner; and Telephone Triage Nurse. Unum further stated that, "it was determined that these occupations do exist on a full-time basis in your geographical. As you would no longer meet the contractual definition of disability as of July 20, 2003, we would deny any further liability on your claim as of July 20, 2003."
- 10. As of July 20, 2003, it appears that no further benefits were paid by Unum to Smith and she commenced administrative appeals pursuant to the terms of her policy.
- 11. On May 28, 2004, Unum notified Smith that no further appeals could be taken.
- 12. On August of 2004, the Plaintiff engaged Counsel to seek additional appellate review with Unum pursuant to the terms of the policy and requested that they accept additional medical records which stated that the Plaintiff was totally disabled from any meaningful employment.

- 13. The Plaintiff has been exempted for total disability under the Social Security Act which provides that if any individual is entitled to Social Security Disability benefits that they are unable to do any meaningful work in the economy.
- 14. Unum has notified Counsel for the Plaintiff that they will not undertake any further appellate review under the terms of the policy and will not accept any additional medical records which demonstrate that the Plaintiff is totally disabled under the terms of the policy. The Plaintiff brings this action to request that this Court; order Unum to pay disability payments from the date of termination in the amount designated under the terms of the policy; and/or to require Unum to conduct additional review of the Plaintiff's claim and to accept medical documentation demonstrating her present disability.

#### COUNT I BREACH OF CONTRACT

- 15. The records of Unum demonstrate that the policy in question was purchased by Saint Vincent Health Care System, Inc. and that Smith was a beneficiary of that policy and entitled to disability coverage. Smith was employed by Saint Vincent Health Care Systems, Inc. as a Registered Nurse for approximately thirty-five and one of her benefits was their providing of a disability policy in case of long-term disability.
- 16. The policy purchased by Saint Vincent Health Care Systems, Inc. for the benefit of Smith is subject to the provisions of ERISA.
- 17. The Plaintiff, Smith, filed a claim and the Defendant, Unum, classified the claim as one for spinal stenosis of the lumbar region. Unum assigned a claims adjuster to the claim and commenced payment of the claim until the termination date on July 20, 2003.
- 18. The records of Unum provide that the last day of work of Smith was April 20, 2001, and the disability date was April 21, 2001. The Plaintiff has hired by Saint Vincent Health Care Systems, Inc. on or about October 27, 1969.
- 19. The benefits paid to Smith were based upon the terms of the policy and the amount of income paid by Saint Vincent Health Care System, Inc. There is no dispute as to the earnings made by Smith as determined by the Defendant. The policy provided covered all employees of Saint Vincent Hospital and subsidiaries and was purchased by Saint Vincent Hospital on or about January 1, 1998.

- 20. The records of Unum provide that the current age of the Plaintiff when she filed her claim was age 54 and states as analysis claims synopsis as follows: "a 54 year old registered nurse suffers from lumbar spinal stenosis, DOD 4/21/01. Patient had fusion with instrumentation on October 24, 2001 and bone growth stimulator, and started physical therapy that ended in January. The Claimant was found to be eligible for disability benefits based upon a review of her medical records including surgery.
- 21. An analyst at Unum, Herbert F. Brownlee, was assigned to review the claim and monitor payments.
- 22. Brownlee, on behalf of the Defendant, authorized payments from the date of the claim to July 20, 2003. Unum sent the medical records to be reviewed by physicians including Kevin P. Sullivan, M.D. of Southborough, Massachusetts. The Plaintiff was requested to provide all of her medical records. In addition, the Plaintiff was requested to sign authorizations which she did in order for Unum to receive direct access of her medical records from her providers and physicians. All those records were duly received by Herbert F. Brownlee and others at Unum. The Plaintiff was asked to provide supplemental statements based upon her condition which were done on a regular basis pursuant to the requests. Most of those records were filled out by Susan P. Moran, M.D. located at 65 Canal Street, Millbury, Massachusetts. Dr. Moran gave an opinion on July 18, 2002, "the surgery and spinal fusion did not improve the spinal stenosis." Dr. Moran issued the opinion that the Plaintiff was totally disabled from doing any work based upon her back pain post spinal fusion. All of those records were reviewed and are in the possession of Unum. The Plaintiff, Smith, received an opinion from James C. Bayley, M.D., an Orthopedic Surgeon with offices at Long View Orthopaedic Center, P.C. dated April 12, 2002, which is part of the Unum records. Said recors reflects that, "Plaintiff had persistent low back pain despite successful fusion, this 55 year-old lady' status post decompression and fusion by myself and Dr. Blumenkopf. She states that her pain is about the same as it was before the operation and is quite discouraged. Current complaint: Lower back pain with radiation of both hips." The Plaintiff has continued with a course of physical therapy and treatment is recommended by her physicians and the pain has continued to be totally disabling her and preventing her from her usual activities and employment.
- 23. The Plaintiff has worked as a Registered Nurse providing complete patient care and the Intensive Care Unit at Saint Vincent Hospital and has had a successful career up until the time of her disability. Dr. Tannenbaum on July 12, 2002 noted, "Mrs. Smith is taking significant amounts of medication including Oxycontin and continues with her pain. The Plaintiff has described her pain as sometimes knife-like with spasm and aching severe at times. Symptoms are worse with sitting, reaching, lifting and walking and nothing seems to improve."

- 24. At the present time, the Plaintiff remains in complete pain and has not improved notwithstanding all the treatments she has received.
- 25. Notwithstanding the facts set forth in the medical records, Unum has determined that she can conduct useful employment and is no longer entitled to benefits under the disability policy.
- 26. During the course of her payment of disability benefits, the Plaintiff's condition has remained the same or worsened and Smith is unable to perform any meaningful employment in the economy.

WHEREFORE, the Plaintiff, Joan L. Smith, requests Judgment as follows:

- 1) That this Court after hearing determine that the Plaintiff is entitled to benefits under her disability policy purchased for her by Saint Vincent Health Care Systems, Inc. and that the Defendant, Unum, be ordered to pay her for all disability payments from the date of termination to date and continuing pursuant to the policy issued;
- That the Plaintiff be awarded her costs and reasonable attorney's fees; 2)
- 3) Such other and further relief that is just and equitable; and
- 4) In the alternative, the Plaintiff requests that this Court order the Defendant, Unum, to receive current medical records and make a fair determination as to a payment of disability benefits for the Plaintiff, Smith.

Respectfully submitted,

Joan L. Smith

By her Attorney,

Howard J. Rotash, Esquire 306 Main Street, Suite 300

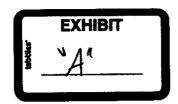
Worcester, MA 01608

(508) 754-2624

BBO # 404160

Dated: September 27, 2004





May 28, 2004

JOAN L SMITH 16 BASHAW RD SUTTON, MA 01590-3867

RE:

Smith, Joan L

DOB: October 14, 1946

Claim Number:

534023

**Policy Number:** 

542338

Dear Ms. Smith:

We are writing to let you know that we have completed another appeal review of the denial of benefits on your Long Term Disability claim. We regret that we have determined that the original decision to deny your claim was appropriate.

Your claim was denied as of August 21, 2003 because the medical information did not support restrictions that would preclude you from performing each of the material duties of any gainful occupation for which you are reasonably fitted, based on training, education and experience. You appealed this decision on October 2, 2003. This decision was upheld on February 11, 2004. Enclosed is a copy of our February 11, 2004 decision letter for your reference. Relevant policy provisions are set forth in this letter.

You have since submitted additional medical records consisting of a March 1, 2004 discogram, a March 26, 2004 treatment note from Dr. Kevin Sullivan and handwritten notes dated March 16, 2004 and April 21, 2004 from Dr. Richard Ozuna.

Your file was referred to our on-site physician for review. The discogram results indicated that you had concordant pain at the second-third lumbar disc (L2-3) and discordant pain at L3-4 and L5-S1. L4-5 could not be tested as they were unable to inject the needle into the posterolateral fusion site and into the nucleus of the disc. Based on the results, you were not considered to be a candidate for surgery or for an IDET. Our review concluded that the information recently submitted does not provide additional information regarding your functional abilities. Our February 11, 2004 letter noted some inconsistencies in your medical record and our review concludes that the additional information does not provide an explanation of these inconsistencies.

Unum Life Insurance Company of America
Quality Performance Support
PO Box 9548
Portland, ME 04122-5058
Phone: 1-800-413-7670
Fax: 207-575-2354
www.unumprovident.com

Claimant Name: Smith, Joan L Claim Number: 534023 May 28, 2004 Page 2 of 2

Our previous medical review stated that it would be reasonable to avoid bending, stooping, twisting, squatting, kneeling and crawling. This review also stated that prolonged sitting, standing and walking should be avoided and you should be allowed to change positions and stretch periodically. While you do have some objective findings, the degree of restrictions and limitations produced by your underlying impairments would not be sufficient to cause disability from the above occupations. While you may not be entirely asymptomatic, the medical evidence does not support that you are precluded from performing these occupations.

Based on the above information, we have determined that you can perform another occupation, and therefore, the decision to deny your claim was appropriate.

This represents the final review of your file. You have exhausted all administrative remedies in regard to your appeal for disability benefits.

Ms. Smith, if you have any questions, please feel free to contact me at 1-800-413-7670.

Since rely,

Cynthia Baker FLMI, ACS, ALHC

Cynthia Baker FLMI, ACS, ALHC Appeals Consultant Unum Life Insurance Company of America

Enclosures: -Claimant: Appeal Unit



Unum Life Insurance Company of America
Portiand Customer Care Center

PO Box 9500

Portland, ME 04104-5058

Phone: 1-800-858-6843, 1-207-575-0602

Fax: 1-800-447-2498, 1-207-575-0004

July 30, 2003

JOAN SMITH 16 BASHAW ROAD SUTTON MA 01590

RE: Joan Smith

Claim Number: 0098956611

SSN: 030-34-3124

Policy Number: 542338

Dear Ms. Smith:

We are writing to you regarding the status of your disability claim.

A recent review of your claim indicates that your condition may no longer meet the policy's definition of disability.

"You are disabled when UNUM determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.

After 24 months of payments, you are disabled when UNUM determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience."

"Material and substantial duties means duties that:

- \* are normally required for the performance of your regular occupation; and
- cannot be reasonably omitted or modified."

"Regular occupation means the occupation you are routinely performing when your disability begins. UNUM will look at your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location."

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"Regular occupation means the occupation you are routinely performing when your disability begins. UNUM will look at your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location."

In a narrative response dated October 24, 2002, Dr. Tanenbaum indicated your restrictions and limitations were 20 pounds lifting, no repetitive bending, no twisting, and no over head activity.

On an EFA dated November 6, 2002, Dr. Tanenbaum indicated the following: no lift greater than 20 pounds, crawl, or reach above shoulder; occasionally lift up to 20 pounds, bend, knee, climb stairs, and push/pull 20 pounds; and frequently lift up to 10 pounds. He also indicated you could perform eight hours of sedentary work activity and four hours of light work activity in an eight hour work day.

Your occupation as a Registered Nurse (RN) can range from sedentary physical requirements to medium requirements. In order to determine if you are capable of performing your occupation, we evaluate your medical condition and based on your training, education and experience will determine if you are capable of performing any duties within the RN occupation. You will not meet the definition of disability described above when you are capable of performing duties you are trained and educated to perform within the RN occupation.

Our medical department reviewed your file and determined that the above restrictions and limitations provided by Dr. Tanenbaum were reasonable and appropriate.

We also referred your file to a vocational consultant for evaluation. The consultant reviewed your restrictions and limitations, as well as your employment and educational history, and concluded that you would be able to engage in the following occupations:

- 1. Insurance Case Manager
- 2. Field Nurse Case Manager
- 3. Ask-A-Nurse
- 4. Discharge Planner
- 5. Telephone Triage Nurse

It was determined that these occupations do exist on a full-time basis in your geographical area.

As you would no longer meet the contractual definition of disability as of July 20, 2003, we would deny any further liability on your claim as of July 20, 2003.

If you feel you will remain eligible for continuing benefits, please send us any information to support your claim. We will contact you once we have completed this evaluation.

Should you have any questions, please feel free to contact me at 1=800-635-1188.

Sincerely.

Herbert F Browniee

**Customer Care Specialist** 

Herbert F Brownles

### Case 4:04-cv-40193-FDS Document 1-2 Fig. 24/27/2014 OP1ge(1) 311

The JS=44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the united to the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

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| III. BASIS OF JURISDICTION   PRACE AN TYN ONE DOX ONLY   III. CITIZENSHIP OF PRINCIPAL PARTIES RELECTANT IN THOSE BOX OF THE PRACE AND TYN ONLY BOX ONLY B    | wac                                                 | EVTSL N                               | D0108                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| U.S. Government   Pleditified   Citizen of This State   1   10   10   10   10   10   10   10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | II. BASIS OF JURISD                                 | ICTION (PLACE AN"                     | X" IN ONE BOX ONEY) III. CI | TIZENSHIP OF PRIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CIPAL PARTIES (PL                     | ACE AN "X" IN ONE BOX FOR PLAINTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| Discontinuity of Experiment Plaintiff (U.S. Coverment Not a Party)    2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Defendant    Of Direction   Of Direc  | ☐ 1 U.S. Government                                 | Federal Question                      |                             | and the same of th | 1 🖂 1 Incorporated                    | or Principal Place [] 4 [] 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| Defendant (Indicate Citizenship of Parties in Item III)  N. NATURE OF SUIT (PLACE AN XT IN ONE BOX ONLY)  CONTRACT  CONTRACT  ORTS  FORSEITURE.PENALTY  DATE  PERSONAL INJURY  PERSONAL INJURY  130 Applicate  PERSONAL INJURY  130 Applicate  130 App  |                                                     |                                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | In This Śtate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Contract  Contract  Fersonal Number  Fer  |                                                     | (Indicate Citizer                     |                             | Citizen of Another State 🛘 🗈                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| NATURE OF SUIT (PLACE AN "X" IN ONE BOX ONLY)   CONTRACT   TORTS   T    |                                                     | ın Item III)                          |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | з грз Foreign Natio                   | n 🗀 e 🗀 e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| CONTRACT  60 to invarance  1 20 Manual Contract  1 20 Manual Contract  1 21 Manual Contract  2 31 Manual Contract  3 31 Manual Contract  3 32 Manual Contract  3 33 Manual Contract  3 34 Manual Contract  3 35 Manual Contract  3 40 Manual Contract  3 40 Manual Contract  4 40 Manual Contr  | IV MATURE OF CUI                                    | T (DLACE AN "Y" IN ON                 | E DOY ONLY)                 | Foreign Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 40 State Respondement   190 Respondent   190 State Respondement   190 State Responded Respondement   190 State Respon    |                                                     | · · · · · · · · · · · · · · · · · · · | <u></u>                     | EODEEITHDE DENALTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DANKDHOTOV                            | OTHER STATUTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 130 Miler Act   120 Methods becomes the second of Property 21 USC 51 120 Methods becomes the property 11 USC 51 120 Methods and 120 Methods the property 11 USC 51 120 Methods and 120 Methods the property 11 USC 51 120 Methods and 120 Methods the property 120 Methods th    |                                                     |                                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 149 Appendix Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     | ☐ 310 Airplane                        | 362 Personal Injury         | 620 Other Food & Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | 1 410 Antitrust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Slander   38 Abelesios Personal   158 Receivery of Certainted   150 Receivery of Receivery of Certainted   150 Receivery of Receivery of Receivery of Certainted   150 Receivery of  | 140 Negotiable Instrument                           | Liability                             | 365 Personal Injury         | of Property 21 USC 881                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       | ☐ 450 Commerce/ICC Bates/etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| 158 Recovery of Cefaulted Southert Loans (Sect Vitterans)   240 Manne Product   370 Other Fraud   37    | & Enforcement of Judgment                           | Slander                               | ☐ 368 Asbestos Personal     | ☐ 640 R.R. 8 Truck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PROPERTY RIGHTS                       | ☐ 470 Racketeer Influenced and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 154 Months Product   370 Other Final   154 Months Product   155 Months    | 152 Recovery of Defaulted                           |                                       |                             | ☐ 660 Occupational                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 195 Order Contract     395 Meter Vehicute     395 Meter Vehicute   395 Meter Vehicute     395 Meter Vehicute     395 Meter Vehicute   395 Meter Vehicute     395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute   395 Meter Vehicute       |                                                     |                                       |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 195 General Context     355 Motor Veilette     195 Other Context     355 Motor Veilette     195 Other Context     195 Other Challenge       | ☐ 153 Recovery of Overpayment of Veteran's Benefits |                                       |                             | LABOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SOCIAL SECURITY                       | ☐ 875 Customer Challenge<br>12 USC 3410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Defect Product Liability  REAL PROPERTY  CIVIL RIGHTS  PRISONER PETITIONS  270 Labor/Mgmt Relations 270 Labor/Mgmt Relations 270 Labor/Mgmt Relations 270 Labor/Mgmt Repairing 270 Labor/Mgmt Relation 270 Labor/Mgmt Repairing 270 Labor/Mgmt Relation 2700 Labor/Mgmt Relation  | ☐ 160 Stockholders' Suits                           | ☐ 355 Motor Vehicle                   | Property Damage             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | ☐ 891 Agricultural Acts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| REAL PROPERTY  CIVIL RIGHTS  PRISONER PETITIONS  270 Labor/Mgmt Reporting 8 (bischouse Act 740 Rathwy Labor Act 1510 Motions to Vacate 1520 Freedour Information Act 1510 Motions to Vacate 1520 Freedour Information Act 1520 Freedour Act 1520 Freedour Information Act 1520 Freed  | 195 Contract Product Liability                      | ,                                     |                             | Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ■ 862 Black Lung (923)                | ☐ 893 Environmental Matters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| 230 Ferdosure   241 Ferdosure   242 Ferdosure   243 Ferdosure   243 Ferdosure   244 Ferdosure   244 Ferdosure   245 Ferdosure   245 Ferdosure   245 Ferdosure   245 Ferdosure   246 Ferdosur    | REAL PROPERTY                                       | CIVIL RIGHTS                          | PRISONER PETITIONS          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ 864 SSID Title XVI                  | ☐ 895 Freedom of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| 23 Per New Service   1 Per New Service   240 Foots of Labor   240 Foots of Labor   240 Foots of Labor   245 Foot Product Lability   246 Mandamus & Other   255 Other Real Property   240 Foots of Labor Civil Rights   255 Pinson Condition   255 Other Real Property   240 Foots of Labor Civil Rights   255 Pinson Condition   2    | 210 Land Condemnation                               |                                       |                             | & Disclosure Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | □ 665 нап(405(g))                     | ☐ 900 Appeal of Fee Determination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| 245 for Preduct Liability   444 Welfare   240 Mandamus & Other   550 Cwif Rights      | 230 Rent Lease & Ejectment                          | 443 Housing/                          | [] 530 General              | 1 740 Hailway Labor Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FEDERAL TAX SUITS                     | 950 Constitutionality of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| V. ORIGIN  (PLACE AN "X" IN ONE BOX ONLY)  Transferred from State Court State State Court State State Court State   | ☐ 245 Tort Product Lability                         | ☐ 444 Wellare                         |                             | ☐ 790 Other Labor Litigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | l <b>a</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| V. ORIGIN  Original Proceeding 2 Removed from State Court Appellate Court Reopened Reopened State Court State Court Appellate Court Reopened Reopened State Court Reopened Reopened Reopened State Court Reopened   | 1 290 Air Olner Hear Property                       | [] 440 Other Civil Hights             | 550 Civil Rights            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ 871 IRS — Third Party               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Criginal Proceeding 2 Removed from State Court 3 Remanded from Appellate Court Reopened 5 another district (specify) 6 Multidistrict Litigation 7 Magistrate Judgment 7 Magistrate 1 Judgment 7 Magistrate 1 Judgment 7 Magistrate 1 Judgment 7 Magistrate 1 Judgment 8 Mile Proceeding 1 Judgment 8 Multidistrict (specify) 8 Multidistrict (specify) 8 Multidistrict (specify) 9 Multidistrict 1 Judgment 9 Magistrate 1 Jud  | V. ORIGIN                                           |                                       | (PLACE AN "X" IN            | ONE BOX ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u></u>                               | Appeal to Distric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION COMPLAINT:  UNDER FR.C.P. 23  VIII.RELATED CASE(S) (See instructions):  IF ANY  SIGNATURE OF ATTORNEY OF RECORD  DATE  SIGNATURE OF ATTORNEY OF RECORD  DIVIDENT STATEMENT OF CAUSE  DEMAND \$  CHECK YES only if demanded in complaint:  DEMAND \$  CHECK YES only if demanded in complaint:  JURY DEMAND:  DOCKET NUMBER  DOCKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                    | district 🔠 🗇 6 Multidistri            | Judge from<br>ct 7 Magistrate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION DEMAND \$ CHECK YES only if demanded in complaint; UNDER FR.C.P. 23  VIII.RELATED CASE(S) (See instructions): JUDGE DOCKET NUMBER  DATE SIGNATURE OF ATTORNEY OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>                                         |                                       |                             | (-1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | - Judgment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION DEMAND \$ CHECK YES only if demanded in complaint: JURY DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES Only if demanded in complaint: JURY DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES Only if demanded in complaint: JURY DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES Only if demanded in complaint: JURY DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES Only if demanded in complaint: JURY DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IF DEMAND: TYPE TO SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF RECORD CHECK YES ONLY IN THE SIGNATURE OF ATTORNEY OF THE SIGNATURE OF THE SIGNATURE OF THE SIGNATURE OF THE SIGNATURE OF | VI. CAUSE OF ACTIO                                  |                                       |                             | RSITY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| COMPLAINT: UNDER FR.C.P. 23  VIII.RELATED CASE(S) (See instructions): IF ANY  DATE  A/27/OF  SIGNATURE OF ATTORNEY OF RECORD  SIGNATURE OF ATTORNEY OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DISA                                                | BILITY J                              | $L_{nd}$ , $ IS$            | 2184 - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | wn- PA                                | Pusar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| COMPLAINT: UNDER FR.C.P. 23  VIII.RELATED CASE(S) (See instructions): IF ANY  DATE  A/27/OF  SIGNATURE OF ATTORNEY OF RECORD  SIGNATURE OF ATTORNEY OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| COMPLAINT: UNDER FR.C.P. 23  VIII.RELATED CASE(S) (See instructions): IF ANY  DATE  A/27/OF  SIGNATURE OF ATTORNEY OF RECORD  SIGNATURE OF ATTORNEY OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VII REQUESTED IN                                    |                                       |                             | DEMAND \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CHECK YES o                           | only if demanded in complaint:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| DATE 9/23/04 SIGNATURE OF ATTORNEY OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 9/27/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VIII.RELATED CASE(                                  | S) (See instructions):                | IDGF                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                |                                                     | 1214                                  | SIGNATURE OF ATTORNEY       | OF RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                | FOR OFFICE USE ONLY                                 |                                       | 18                          | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IF P \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG JUDGE \_\_\_\_\_

# UNITED STATES DISTRICT COURT 04 -40193

| 1. |           | •                                                                                                                                                                                                                                                    | e of first party on e                                             |                    | 100                |               | On          |               | Lx                            |              |
|----|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|--------------------|---------------|-------------|---------------|-------------------------------|--------------|
|    | -u        | AU-                                                                                                                                                                                                                                                  | n Life,                                                           | Louin              | ene C              | <u>مر د</u> . | B           | nen           |                               |              |
| 2. | Categor   | y in which                                                                                                                                                                                                                                           | n the case belongs t                                              | pased upon the     | numbered natur     | e of suit co  | de listed   | on the civ    | il cover sheet,               | (See local   |
|    | rule 40.1 | ategory in which the case belongs based upon the numbered nature of suit code listed on the civil cover sheet. (See local le 40.1(a)(1)).                                                                                                            |                                                                   |                    |                    |               |             |               |                               |              |
|    |           | L.                                                                                                                                                                                                                                                   | 160, 410, 470, R.23                                               | , REGARDLESS       | OF NATURE O        | F SUIT.       |             |               |                               |              |
|    | X         | II.                                                                                                                                                                                                                                                  | 195, 368, 400, 440,<br>740, 790, 791, 820*                        |                    |                    |               |             |               | e AO 120 or A<br>demark or co |              |
|    |           | III.                                                                                                                                                                                                                                                 | 110, 120, 130, 140,<br>315, 320, 330, 340,<br>380, 385, 450, 891. | 345, 350, 355, 3   |                    | . ,           |             |               |                               |              |
|    |           | IV.                                                                                                                                                                                                                                                  | 220, 422, 423, 430,<br>690, 810, 861-865,                         |                    |                    | 0, 650, 660,  |             |               |                               |              |
|    |           | V.                                                                                                                                                                                                                                                   | 150, 152, 153.                                                    |                    |                    |               |             |               |                               |              |
| 3. |           |                                                                                                                                                                                                                                                      | , if any, of related ca<br>dicate the title and n                 |                    |                    |               | one prior   | related ca    | se has been fi                | led in this  |
| 4. | Has a p   | rior action                                                                                                                                                                                                                                          | between the same                                                  | parties and bas    | ed on the same     | claim ever    | been filed  | d in this co  | ourt?                         |              |
|    |           |                                                                                                                                                                                                                                                      |                                                                   |                    |                    | YES           | , $\square$ | NO            | <b>1</b>                      |              |
| 5. | Does th   |                                                                                                                                                                                                                                                      | nt in this case ques                                              | tion the constitu  | utionality of an a | ict of congi  | ress affec  | ting the p    | ublic interest?               | (See 28      |
|    |           |                                                                                                                                                                                                                                                      |                                                                   |                    |                    | YES           |             | NO            |                               |              |
|    | It so, is | the U.S.A                                                                                                                                                                                                                                            | . or an officer, agen                                             | t or employee o    | t the U.S. a party |               |             |               | П                             |              |
|    |           |                                                                                                                                                                                                                                                      |                                                                   |                    |                    | YES           | ,           | NO            |                               |              |
| 6. | Is this c | ase requi                                                                                                                                                                                                                                            | red to be heard and                                               | determined by      | a district court o | of three judg | ges pursi   | uant to title | 28 USC §228                   | <b>4?</b>    |
|    |           |                                                                                                                                                                                                                                                      |                                                                   |                    |                    | YES           | ; ⊔         | NO            | Ľ <b>V</b>                    |              |
| 7. |           | Do <u>all</u> of the parties in this action, excluding governmental agencies of the united states and the Commonwealth of Massachusetts ("governmental agencies"), residing in Massachusetts reside in the same division? - (See Local Rule 40.1(d)) |                                                                   |                    |                    |               |             |               |                               |              |
|    |           |                                                                                                                                                                                                                                                      |                                                                   |                    |                    | YES           | , 🗆         | NO            |                               |              |
|    |           | Α.                                                                                                                                                                                                                                                   | If yes, in which di                                               | vision do all of t | he non-governn     | nental parti  | es reside   | ?             |                               |              |
|    |           |                                                                                                                                                                                                                                                      | Eastern Division                                                  |                    | Central Divi       | . Lapo        | •           |               | tern Division                 |              |
|    |           | В.                                                                                                                                                                                                                                                   | If no, in which div<br>agencies, residin                          |                    |                    | ntiffs or the | only par    | ties, exclu   | ding governm                  | ental        |
|    |           |                                                                                                                                                                                                                                                      | Eastern Division                                                  |                    | Central Div        | sion 🗆        |             | Wes           | tern Division                 |              |
| 8. |           |                                                                                                                                                                                                                                                      | of Removal - are the<br>e sheet identifying t                     |                    | pending in the s   | tate court r  | equiring    | the attenti   | on of this Cou                | rt? (If yes, |
|    |           | •                                                                                                                                                                                                                                                    | , 3                                                               | ,                  |                    | YES           | ; 🗆         | NO            | <b>12</b>                     |              |
| (P | LEASE T   | YPE OR P                                                                                                                                                                                                                                             | RINT)                                                             |                    | <b>γ</b> η         | <br>          | , ,         | _             |                               |              |
| A٦ | TORNEY    | "S NAME                                                                                                                                                                                                                                              | HOM                                                               | 111                | U. 50              | 1/2/          | +           |               |                               |              |
| Αſ | DDRESS    |                                                                                                                                                                                                                                                      | 100 Mm                                                            | ~/ p               | will               | 1207          | M           | n             | x 0104                        | <u></u>      |
| TE | LEPHON    | IE NO                                                                                                                                                                                                                                                | 16-17                                                             | <u>, - 2019</u>    |                    |               |             |               |                               |              |